



Kennel Record

A015524

E196A

Treatment History

**E196A is a female, brn tabby and black domestic
mh, no age**

Intake Type

STRAY

Due Out Date

12/19/18

Intake Date

11/19/18

Reason

Kennel Status

UNAVAIL

Hold Notify

Location Picked Up/Found:

ACE HARDWARE/CLARK

**Sorry No
Image at this
Time :(**

MICROCHIP: 982126054141

Animal Notes & Behavior History

Note: Returned to owner 12/29/18



Animal Intake Form

Disaster Shelter 530.538.7019 - NVADG Hotline 530.895.0000 - BCAC Office 530552.3888

Evac Event #:

Animal ID #:

Incident Name:

Received By:

Date:

Time:

of animals by the owner at this shelter:

Owner:

Name:

Cell #:

DL#:

Address:

Alt. Contact Name:

Alt. Contact #:

Where will the owner be staying during the emergency:

Stray animal picked up at:

Animal Description:

Dog ☐

Cat ☒

Other ☐

Male ☐

Female ☐

Spayed ☐

Neutered ☐

Breed:

Approx. Age:

Color:

Markings:

Animal Wearing Collar?

Yes ☐

No ☐

If yes, describe

Animal Wearing Tags?

Yes ☐

No ☐

If yes, describe

Microchipped?

Yes need scan ☐

Yes (#)

No ☐

Special Needs/Remarks

Has the owner been notified?

No ☐

Phoned ☐

Results:

Paperwork Left ☐

Liability Release

Due to a declared emergency, I am requesting Butte County Animal Control/NVADG to board my animal(s) (listed above) and agree to all of the following:

- 1) I understand that my animal(s) may be exposed to disease and other risks while being housed at the shelter or other facilities and therefore I will not hold Butte County/NVADG responsible for the health or death of my animal(s).
- 2) I agree to attempt to find alternate housing for my animal(s) as soon as possible.
- 3) I agree to contact the agency on a regular basis to keep Butte County/NVADG updated on my whereabouts & possible alternate housing.
- 4) I understand that this boarding agreement is temporary and I agree to make arrangements for or claim my pet(s) at the close of the shelter.
- 5) I understand that I will be subject to boarding fees after the close of the shelter.
- 6) I understand that photographs of myself and my animal(s) may be taken.

☐

I Allow

or

☐

I Decline

any photographs that are taken be released to the media or public view.

Owner's Signature

Date:

BC/NVADG Witness

I hereby acknowledge that I am the owner/responsible person for the above animal. I have taken custody of my animal and am now responsible for its care and transportation.

Owner's Signature at Release

Date/ Time:

White - Impound Facility

Yellow - BCAC

Pink - Citizen Copy



Kennel Record

A015455

CA155A

Ca155A is a spayed female, gray and white domestic
lh, 3 years

Treatment History

T19-009027 01/19/19

NORMAL

BCAC: Preventative: Frontline (Fipronil) 11/17/18

FVRCP: 11/17/18 FVRCP+L: 12/09/18

Rabies vaccine given: 12/01/18 (Rabvac 3)

Intake Type

STRAY

Due Out Date

01/19/19

Intake Date

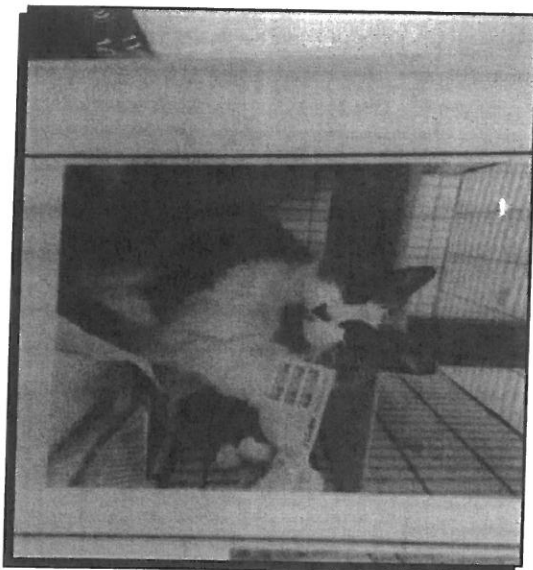
11/20/18

Reason

Kennel Status

UNAVAIL

Hold Notify



Location Picked Up/Found:

MICROCHIP# 982126054140090

Animal Notes & Behavior History

ADOPTED 11/19/19

Intake By: SK

Printed 03/18/19 1:59 PM by SKAMM

Town of Paradise Animal Control

925 American Dr. Paradise, CA 95969

530-872-6275



Animal Intake Form

Disaster Shelter 530.538.7019 - NVADG Hotline 530.895.0000 - BCAC Office 530552.3888

Evac Event #:	Animal ID #: <u>MISS 411</u>
Incident Name:	Received By:

Date: <u>11-14-18</u>	Time:	# of animals by the owner at this shelter:
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Owner: _____

Name: <u>found</u>	Cell #:	DL#:
Address: <u>415 Hickory Paradise</u>	Alt. Contact Name:	
	Alt. Contact #:	

Where will the owner be staying during the emergency:

Stray animal picked up at:

Animal Description:

Dog <input type="checkbox"/>	Cat <input checked="" type="checkbox"/>	Other <input type="checkbox"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Spayed <input type="checkbox"/>	Neutered <input type="checkbox"/>
Breed: <u>DLH</u>			Approx. Age:			
Color: <u>Gray / White</u>			Markings:			
Animal Wearing Collar?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, describe			
Animal Wearing Tags?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, describe			
Microchipped?	Yes need scan <input type="checkbox"/>	Yes (#)		No <input type="checkbox"/>		

Additional Needs/Remarks

Has the owner been notified?	No <input type="checkbox"/>	Phoned <input type="checkbox"/>	Results:	Paperwork Left <input type="checkbox"/>
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Liability Release

Due to a declared emergency, I am requesting Butte County Animal Control/NVADG to board my animal(s) (listed above) and agree to all of the following:

- 1) I understand that my animal(s) may be exposed to disease and other risks while being housed at the shelter or other facilities and therefore I will not hold Butte County/NVADG responsible for the health or death of my animal(s).
- 2) I agree to attempt to find alternate housing for my animal(s) as soon as possible.
- 3) I agree to contact the agency on a regular basis to keep Butte County/NVADG updated on my whereabouts & possible alternate housing.
- 4) I understand that this boarding agreement is temporary and I agree to make arrangements for or claim my pet(s) at the close of the shelter.
- 5) I understand that I will be subject to boarding fees after the close of the shelter.
- 6) I understand that photographs of myself and my animal(s) may be taken.

☐ I Allow or ☐ I Decline any photographs that are taken be released to the media or public view.

Owner's Signature _____

Date: _____

BC/NVADG Witness _____

I hereby acknowledge that I am the owner/responsible person for the above animal. I have taken custody of my animal and am now responsible for its care and transportation.

Owner's Signature at Release _____

Date/ Time: _____

White - Impound Facility

Yellow - BCAC

Pink - Citizen Copy



Kennel Record

A015533

CC234

Treatment History

Cc234 is a male, org tabby domestic mh, 4 years

Intake Type

STRAY

Due Out Date

03/27/19

Intake Date

11/16/18

Reason

Kennel Status

UNAVAIL

Hold Notify

**Sorry No
Image at this
Time :(**

MICROCHIP: 98212605254;

Location Picked Up/Found:

UNK

Animal Notes & Behavior History

Note: Retrieved to owner 1/16/19

13/23

ACTIVITY NUMBER

BUTTE COUNTY ANIMAL CONTROL

202 MIRA LOMA DRIVE
 OROVILLE, CALIFORNIA 95965
 (530) 538-7409 • (530) 891-2907
 FAX (530) 538-6329

ANIMAL ID NUMBER

CC 234

Impound Facility

Airport

Bite #

Received By S. Martin

IMPOUND FORM

Date Impounded 11/16/18 Time 2019 a.m./p.m. Release Date Officer

Animal picked up at Bay Tree Drive Paradise
address (include closest cross street)

Reason for Impound stray; found at burned out residence

Dog Cat ☒ Other M F S N

Breed Approx. Age

Color beige/orange (Cream) Markings long hair

Animal wearing collar? Yes No ☒ If yes, describeAnimal wearing tags? Yes No ☒ If yes, describe

Microchipped? Yes (#) No

Condition of Animal healthy Remarks

Owner of Animal brought in by CHP

Telephone

Address

City

Zip

☐ Phoned☐ Impound Copy: Date LeftHas owner been notified? ☐ Letter: Date Sent**SURRENDER STATEMENT**

I, the undersigned, owner or having control of the above described animal, release all claims to it to the Butte County Animal Control. I agree to hold the Butte County Animal Control, and its employees, free of all liability resulting from such transfer.

I also certify that to the best of my knowledge the said animal has / has not bitten any person within the past 14 days.
(circle one)

I have read the above and understand the conditions.

DATE

PRINTED NAME SIGNATURE

ADDRESS

CITY ZIP TELEPHONE NO.

ACTIVITY NUMBER

BUTTE COUNTY ANIMAL CONTROL202 MIRA LOMA DRIVE
OROVILLE, CALIFORNIA 95965
(530) 538-7409 • (530) 891-2907
FAX (530) 538-6329

ANIMAL ID NUMBER

CC 234

Impound Facility

Bite #

Received By

IMPOUND FORMDate Impounded 11/10/15 Time 5:17 a.m. / p.m. Release Date _____ Officer _____Animal picked up at Bay Tree Lane Roadsideaddress (include closest cross street)Reason for Impound stray, found on residenceDog _____ Cat ☒ Other _____ M _____ F _____ S _____ N _____

Breed _____ Approx. Age _____

Color beige, orange Markings 1 y tailAnimal wearing collar? Yes _____ No ☒ If yes, describe _____Animal wearing tags? Yes _____ No ☒ If yes, describe _____

Microchipped? Yes (#) _____ No _____

Condition of Animal Healthy Remarks _____Owner of Animal brought in by CAP

Telephone _____

Address _____

City _____

Zip _____

☐ Phoned _____☐ Impound Copy: Date Left _____Has owner been notified? ☐ Letter: Date Sent _____**SURRENDER STATEMENT**

I, the undersigned, owner or having control of the above described animal, release all claims to it to the Butte County Animal Control. I agree to hold the Butte County Animal Control, and it employees, free of all liability resulting from such transfer.

I also certify that to the best of my knowledge the said animal has / has not bitten any person within the past 14 days.
(circle one)

I have read the above and understand the conditions.

DATE _____

PRINTED NAME _____ SIGNATURE _____

ADDRESS _____

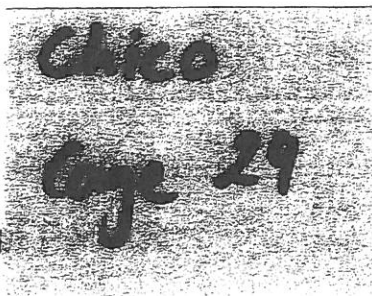
CITY _____ ZIP _____ TELEPHONE NO. _____

982 126 052 542 487



Butte County Animal Services

CC234 Chico Cage 29



Name	Shelter ID CC234	Microchip # 982 126 052 542 487	Sex Male
Breed DMH	Second Breed	Color Tan	Second color
Age Adult	Special marking	Date Found 11/16/18	Location Found
Photo	Photo	Photo	Photo

Phone 530-552-3888 Fax 530-538-6329 Email address BCanimalcontrol@buttecounty.net

Vaccination	Date of administration	Preventative	Date of Administration
Rabies (required)	12/1/18 (Rabvac 3)	Frontline	11/17/18
FVRCP+L	11/18/18	Revolution	12/9/18
FVRCP+L	12/17/18		

Pertinent Medical History

FVRCP: R = Rhinotracheitis; C = Calicivirus, P = Panleukopenia; L = Feline Leukemia



Butte County Animal Passport



1. The animal depicted here is a resident of Butte county and is under the full control and management by Butte county Animal Services. All decisions regarding medical care, adoption, movement and handling must be cleared by Butte County Animal Services.

2. Any medical issues with this animal must be conveyed to Butte County Animal Services via point of contact above. Animals needing advanced veterinary care can be referred to UC Davis VMTH Hospital in coordination with Butte County Animal Services.

3. The Butte County Animal Passport will be valid for a period of 4 months and subject to renewal.

4. The caretaking institution is responsible for proper husbandry and good animal welfare.

I agree to the above clauses and will uphold agreements made with Butte county.



Kennel Record

A015448

S113A

S113A is a male, brn tabby and white domestic sh, 1
year 8 months

Treatment History

T19-009018 01/19/19

NORMAL

BCAnimal control@buttecounty.net Rabies vaccine given
12/17/18 Rabvac 3

FVRCP+L 12/17/18

FVRCP: 11/18/18,

Intake Type

STRAY

Due Out Date

01/19/19

Intake Date

11/14/18

Reason

Kennel Status

UNAVAIL

Hold Notify



MICROCHIP: 982126054121

Location Picked Up/Found:

MICROCHIP # 982126054140039 W/3 KITTENS

Animal Notes & Behavior History

Intake By: SK

Printed 03/18/19 12:20 PM by jrobins

Town of Paradise Animal Control

925 American Dr. Paradise, CA 95969

530-872-6275



Animal Intake Form

Date: 11/14/2018 Time: 1:30

Owner:

Name:

Address:

Where will the owner be staying during ti

Stray animal picked up at:

Paradise - Drop

Animal Description:

Dog ☐ Cat ☒ Other ☐

Breed: Grey/Black

Color: with white

Animal Wearing Collar? Yes ☐

Animal Wearing Tags? Yes ☐

Microchipped? Yes ☐

Special Needs/Remarks

Has the owner been notified? No ☐

Evac Event #: Animal ID #: 5113A

Incident Name: Camp Fire Received By:

of animals by the owner at this shelter: 4 cats mama + 3 kittens

Cell #: DL#:

Alt. Contact Name:

Alt. Contact #:

Emergency:

Lost by Cyril Vade

530-764-0217

Male ☐ Female ☐ Spayed ☐ Neutered ☐

Approx. Age:

Markings: White on front paws

No ☐ If yes, describe

No ☐ If yes, describe

Yes (#) No ☐

Phoned ☐ Results: Paperwork Left ☐

Liability Release

Due to a declared emergency, I am requ

1) I understand that my animal(s) ma

I will not hold Butte County/NVADG

2) I agree to attempt to find alternate

3) I agree to contact the agency on a

4) I understand that this boarding ag

5) I understand that I will be subject t

6) I understand that photographs of n

☐ I Allow

Owner's Signature

BC/NVADG Witness

I hereby acknowledge that I am the own

Owner's Signature at Release

g Butte County Animal Control/NVADG to board my animal(s) (listed above) and agree to all of the follow

exposed to disease and other risks while being housed at the shelter or other facilities and therefore

onsible for the health or death of my animal(s).

ing for my animal(s) as soon as possible.

lar basis to keep Butte

nt is temporary and I

arding fees after the cl

f and my animal(s) ma

☐ I Decline

ponsible person for ti

y pet(s)

ased to

y anir

Pink

White - Impound Facility





Kennel Record

A015449
S113B

S113B is a male, org tabby domestic mh, 5 months

Intake Type

STRAY

Due Out Date

01/19/19

Intake Date

11/14/18

Reason

Kennel Status

UNAVAIL

Hold Notify



MICROCHIP: 98212605413;

Location Picked Up/Found:

MICROCHIP # 982126054135448 W/48, 50, 51

Treatment History

T19-009019 01/19/19

NORMAL

BCAnimalcontrol@buttecounty.net: Rabies Vaccine given 12/17/18 Rabvac 3

T19-009020 01/19/19

NORMAL

BCAC: FVRCP 11/18/18

T19-009021 01/19/19

NORMAL

FVRCP+L 12/18/18

Animal Notes & Behavior History

Intake By: SK

Printed 03/18/19 12:22 PM by jrobins

Town of Paradise Animal Control

925 American Dr. Paradise, CA 95969

530-872-6275

Aero Union Airport Found Animal 2/9/18



Animal Intake Form

11/15

Evac Event #: _____ Animal ID #: S1138

Incident Name: Camp Fire Received By: _____

Date: 11/14/2018 Time: 10:00

of animals by the owner at this shelter: 4 Cats - 1 Mamma + 3 kittens

Owner: _____

Name: _____

Cell #: _____ DL#: _____

Address: _____

Alt. Contact Name: _____

Where will the owner be staying during the _____

Agency: _____

Stray animal picked up at: Paradise Dr

Red off by Cyril Vado 530 764-0217

Animal Description:

Dog ☐ Cat ☒ Other ☐

Male ☐ Female ☐ Spayed ☐ Neutered ☐

Breed: DSH

Approx. Age: kitten

Color: orange

Markings: _____

Animal Wearing Collar? Yes ☐

No ☒ If yes, describe _____

Animal Wearing Tags? Yes ☐

No ☒ If yes, describe _____

Microchipped? Yes need s _____

Yes (#) _____ No ☐

Special Needs/Remarks _____

Has the owner been notified? No ☐

Phoned ☐ Results: _____ Paperwork Left ☐

Liability Release

Due to a declared emergency, I am request:

Butte County Animal Control/NVADG to board my animal(s) (listed above) and agree to all of the following:

- I understand that my animal(s) may be housed at the shelter or other facilities and therefore I will not hold Butte County/NVADG responsible for the health or death of my animal(s).
- I agree to attempt to find alternate housing for my animal(s) as soon as possible.
- I agree to contact the agency on a regular basis to keep Butte County/NVADG updated on my whereabouts & possible alternate housing.
- I understand that this boarding agreement is temporary and I agree to make arrangements for or claim my pet(s) at the close of the shelter.
- I understand that I will be subject to boarding fees after the close of the shelter.
- I understand that photographs of my animal(s) may be taken.

I agree to allow any photographs that are taken be released to the media or public view.

☐ I Allow or

☐ I Decline any photographs that are taken be released to the media or public view.

Owner's Signature _____

Date: _____

BC/NVADG Witness _____

I hereby acknowledge that I am the owner/care and transportation.

I am the responsible person for the above animal. I have taken custody of my animal and am now responsible for its care and transportation.

Owner's Signature at Release _____

Date/ Time: _____

White - Impound Facility

Yellow - BCAC

Pink - Citizen Copy



Kennel Record

A015450

S113C

S113C is a male, gray and white domestic sh, 5 months

Treatment History

T19-009022 01/19/19

NORMAL

BCAC:

Treated for fleas: Fipronil (Frontline) on 11/17/18

Rabies Vaccine given: 12/17/18 (Rabvac 3)

FVRCP given: 11/18/18

FVRCP Booster: 12/18/18

Intake Type

STRAY

Due Out Date

01/19/19

Intake Date

11/14/18

Reason

Kennel Status

UNAVAIL

Hold Notify



MICROCHIP: 982126054141

Location Picked Up/Found:

MICROCHIP # 982126054140048 W/48,49,51

Animal Notes & Behavior History

Intake By: SK

Printed 03/18/19 12:22 PM by jrobins

Town of Paradise Animal Control

925 American Dr. Paradise, CA 95969

530-872-6275



Animal Intake Form

Date: 11/14/2018 Time:

Owner:

Name:

Address:

Where will the owner be staying during the emergency:

Stray animal picked up at: Par

Animal Description:

Dog ☐ Cat ☒ Other

Breed: DSH

Color: Grey

Animal Wearing Collar? Yes ☐ No ☐

Animal Wearing Tags? Yes ☐ No ☐

Microchipped? Yes ☐ No ☐

Special Needs/Remarks: open eyes

Has the owner been notified? No ☐ Yes ☐

Evac Event #: Animal ID #: 5113C

Incident Name: Camp Fire Received By:

of animals by the owner at this shelter: 30 4 cats mama + 3 kittens

Cell #: DL#:

Alt. Contact Name:

Alt. Contact #:

Emergency:

Use Dropped off by Cyril Vado

530-764 0217

Male ☐ Female ☐ Spayed ☐ Neutered ☐

Approx. Age: Kitten

Markings:

No ☒ If yes, describe

No ☒ If yes, describe

an ☐ Yes (#) No ☐

Phoned ☐ Results: Paperwork Left ☐

Liability Release

Due to a declared emergency, I am required to board my animal(s) at Butte County/NVADG.

- I understand that my animal(s) may be exposed to disease and other risks while being housed at the shelter or other facilities and therefore I will not hold Butte County/NVADG responsible for the health or death of my animal(s).
- I agree to attempt to find alternate housing for my animal(s) as soon as possible.
- I agree to contact the agency on a regular basis to keep Butte County/NVADG updated on my whereabouts & possible alternate housing.
- I understand that this boarding agreement is temporary and I agree to make arrangements for or claim my pet(s) at the close of the shelter.
- I understand that I will be subject to boarding fees after the close of the shelter.
- I understand that photographs of my animal(s) may be taken.

☐ I Allow any photographs that are taken be released to the media or public view.

☐ I Decline

Owner's Signature

Date:

BC/NVADG Witness

I hereby acknowledge that I am the owner and responsible person for the above animal. I have taken custody of my animal and am now responsible for its care and transportation.

Owner's Signature at Release

Date/ Time:



Kennel Record

A015451

S113D

S113D is a male, black and white domestic sh, 5 months

Treatment History

T19-009023 01/19/19

NORMAL

BCAC: Frontline applied 11/17/18

Rabies Vaccine given: 12/17/18 (Rabvac 3)

FVRCP 11/18/18, FVRCP Booster +L: 12/18/18

Intake Type

STRAY

Due Out Date

01/19/19

Intake Date

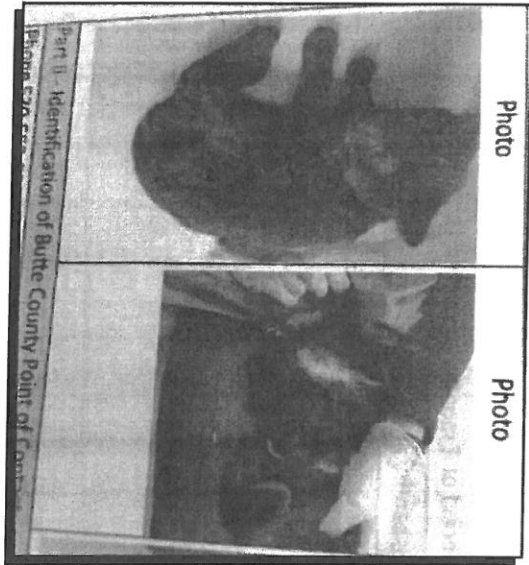
11/14/18

Reason

Kennel Status

UNAVAIL

Hold Notify



MICROCHIP: 98212605254;

Location Picked Up/Found:

MICROCHIP # 982126052542198 W/48-50

Animal Notes & Behavior History



2/19/25

Animal Intake Form

Stray Found Animal



Date:	11/14/2018	Time:	
Owner:			
Name:			
Address:			
Where will the owner be staying during			
Stray animal picked up at: Paradise			
Animal Description:			
Dog	<input type="checkbox"/>	Cat	<input checked="" type="checkbox"/>
Breed: BM DS			
Color: Black			
Animal Wearing Collar?	Yes		
Animal Wearing Tags?	Yes		
Microchipped?	Yes		
Special Needs/Remarks: C			
Has the owner been notified?	No		

Evac Event #:	Animal ID #: S113D						
Incident Name:	Received By:						
30	# of animals by the owner at this shelter: 4 cats Mamma Kitten + 3 Kittens						
Cell #:	DL#:						
Alt. Contact Name:							
Alt. Contact #:							
emergency:							
adise - picked up by Cyril Vario							
530-764-0217							
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Spayed	<input type="checkbox"/>	Neutered	<input type="checkbox"/>
Approx. Age:		Kitten					
Markings:		white hairs on chest					
No	<input checked="" type="checkbox"/>	If yes, describe					
No	<input checked="" type="checkbox"/>	If yes, describe					
scan	<input type="checkbox"/>	Yes (#)	No			<input type="checkbox"/>	
in eyes							
Phoned	<input type="checkbox"/>	Results:	Paperwork Left			<input type="checkbox"/>	

Liability Release

Due to a declared emergency, I am releasing

- I understand that my animal(s) will be exposed to disease and other risks while being housed at the shelter or other facilities and therefore I will not hold Butte County/NVADG responsible for the health or death of my animal(s).
- I agree to attempt to find alternative housing for my animal(s) as soon as possible.
- I agree to contact the agency on a regular basis to keep Butte County/NVADG updated on my whereabouts.
- I understand that this boarding arrangement is temporary and I agree to make arrangements for or claim my boarding fees after the close of the shelter.
- I understand that I will be subject to the policies and procedures of the shelter.
- I understand that photographs of myself and my animal(s) may be taken.

☐ I Allow

☐ I Decline

any photographs that are taken be released

Owner's Signature

Date:

BC/NVADG Witness

I hereby acknowledge that I am the responsible person for the above animal. I have taken custody of my

Owner's Signature at Release

Date/ Time:





Kennel Record

A015579

CC242

Treatment History

Cc242 is a male, choc pt ragdoll, 2 years

Intake Type

STRAY

Due Out Date

01/18/19

Intake Date

12/20/18

Reason

Kennel Status

UNAVAIL

Hold Notify

**Sorry No
Image at this
Time :(**

Location Picked Up/Found:

8613 STIRAS WAY

Animal Notes & Behavior History

Note: Returned to owner 1/18/19

Intake By: JR

Printed 03/18/19 12:15 PM by jrobbins

Town of Paradise Animal Control

925 American Dr. Paradise, CA 95969

530-872-6275

Room 12
13

ACTIVITY NUMBER

BUTTE COUNTY ANIMAL CONTROL

202 MIRA LOMA DRIVE
OROVILLE, CALIFORNIA 95965
(530) 538-7409 • (530) 891-2907
FAX (530) 538-6329

ANIMAL ID NUMBER

CC-242

Impound Facility

Airport

Bite #

Received By Dusty

IMPOUND FORM

Date Impounded 11/17/18 Time 12:26 a.m. / p.m. Release Date _____ Officer _____

Animal picked up at 8613 Stiras Way, Paradise, CA
address (include closest cross street)

Reason for Impound _____

Dog _____ Cat ☒ Other _____ M _____ F _____ S _____ N _____

Breed Ragdoll Siamese Approx. Age unknown

Color Tan, grey, black Markings _____

Animal wearing collar? Yes _____ No ☒ If yes, describe _____

Animal wearing tags? Yes _____ No ☒ If yes, describe _____

Microchipped? Yes (#) _____ No _____

Condition of Animal well Remarks _____

Owner of Animal unknown Telephone _____

Address

City

Zip

☐ Phoned _____

☐ Impound Copy: Date Left _____

Has owner been notified? _____ ☐ Letter: Date Sent _____

SURRENDER STATEMENT

I, the undersigned, owner or having control of the above described animal, release all claims to it to the Butte County Animal Control. I agree to hold the Butte County Animal Control, and its employees, free of all liability resulting from such transfer.

I also certify that to the best of my knowledge the said animal has / has not bitten any person within the past 14 days.
(circle one)

I have read the above and understand the conditions.

DATE _____

PRINTED NAME _____ SIGNATURE _____

ADDRESS _____

CITY _____ ZIP _____ TELEPHONE NO. _____

ACTIVITY NUMBER

BUTTE COUNTY ANIMAL CONTROL

202 MIRA LOMA DRIVE
 OROVILLE, CALIFORNIA 95965
 (530) 538-7409 • (530) 891-2907
 FAX (530) 538-6329

Koom 12
 # 13

ANIMAL ID NUMBER

CC-242

Impound Facility

Airport

Bite #

Received By Dusty**IMPOUND FORM**Date Impounded 11/17/18 Time 12:26 a.m. Release Date _____ Officer _____Animal picked up at 8613 Strata Way, Paradise, CA
address (include closest cross street)

Reason for Impound _____

Dog _____ Cat ☒ Other _____ M _____ F _____ S _____ N _____Breed Anglo 11 Samois Approx. Age unknownColor Tan, grey, black Markings _____Animal wearing collar? Yes _____ No ☒ If yes, describe _____Animal wearing tags? Yes _____ No ☒ If yes, describe _____

Microchipped? Yes (#) _____ No _____

Condition of Animal well Remarks _____Owner of Animal unknown Telephone _____

Address

City

Zip

☐ Phoned _____☐ Impound Copy: Date Left _____☐ Letter: Date Sent _____

Has owner been notified? _____

SURRENDER STATEMENT

I, the undersigned, owner or having control of the above described animal, release all claims to it to the Butte County Animal Control. I agree to hold the Butte County Animal Control, and its employees, free of all liability resulting from such transfer.

I also certify that to the best of my knowledge the said animal has / has not bitten any person within the past 14 days.
(circle one)

I have read the above and understand the conditions.

DATE _____

PRINTED NAME _____ SIGNATURE _____

ADDRESS _____

CITY _____ ZIP _____ TELEPHONE NO. _____

12-2-18

Kenzie Menefee (CC242) Female
(530) 762-9027 or (530) 763-9119

Foster or Adopt

2333 Pillsbury RD, Chico, sister lived on stairs

This cat was there
everyday.

We call her "CeCe" (Cabin cat)



Kennel Record

A015471

CC204

Treatment History

Cc204 is a spayed female, gray tabby domestic sh, 4 years

Intake Type

STRAY

Due Out Date

01/23/19

Intake Date

11/18/18

Reason

Kennel Status

UNAVAIL

Hold Notify

Location Picked Up/Found:

Sorry No
Image at this
Time :(

Animal Notes & Behavior History

Note: Returned to owner 1/23/19

ACTIVITY NUMBER

BUTTE COUNTY ANIMAL CONTROL

202 MIRA LOMA DRIVE
 OROVILLE, CALIFORNIA 95965
 (530) 538-7409 • (530) 891-2907
 FAX (530) 538-6329

ANIMAL ID NUMBER

Impound Facility

Bite #

Received By

IMPOUND FORM

Date Impounded 11/14/18 Time a.m. / p.m. Release Date Officer Animal picked up at Skyway & Flagstaff Rd Paradise
address (include closest cross street)Reason for Impound Camp FireDog Cat X Other M F X S N Breed Approx. Age 2 yearsColor Gray Markings Animal wearing collar? Yes No X If yes, describe Animal wearing tags? Yes No X If yes, describe Microchipped? Yes (#) No XCondition of Animal Stray Remarks Owner of Animal Telephone

Address

City

Zip

☐ Phoned ☐ Impound Copy: Date Left Has owner been notified? ☐ Letter: Date Sent

SURRENDER STATEMENT

I, the undersigned, owner or having control of the above described animal, release all claims to it to the Butte County Animal Control. I agree to hold the Butte County Animal Control, and its employees, free of all liability resulting from such transfer.

I also certify that to the best of my knowledge the said animal has / has not bitten any person within the past 14 days.
(circle one)

I have read the above and understand the conditions.

DATE PRINTED NAME SIGNATURE ADDRESS CITY ZIP TELEPHONE NO.



A black and white photograph of a prison cell interior. The cell is dark and narrow, with a barred window on the left and a barred door on the right. The floor is dark and reflective, showing the silhouette of the person taking the photo. The walls are dark and textured.

Age: 2Y 0M
Sex: UNALTERED FEMALE
Weight: 8.80 LBS
Color: BROWN
Collar: NONE
Markings:

Assessment Date: 11/20/18

Microchip Scan: YES NEGATIVE on 11/14/18 @ 1:32 pm

Location Found 0 SKYWAY X WAGSSTAFF RD PARADISE

11/14/2018 1:40:29PM

DDA, PDA & PDA EXP, AGGRESSIVE, UNPREDCTBL, HYPERACTIV, ACTIVE, TIMID, FRIENDLY, DULL
C:\Program Files\Chameleon Software\Chameleon\Crystal\F3 Reports\Kennel Card_RS.rpt



Kennel Record

A015532

CA166A

Ca166A is a neutered male, brn tabby and white domestic sh, 4 years

Treatment History

T19-009072 02/27/19

WOUND

12/08/2018 Care Animal Hosp-Redding ID#3339, File #: 2891

Treated for burns on front feet

Intake Type

STRAY

Due Out Date

12/14/18

Intake Date

11/14/18

Reason

Kennel Status

UNAVAIL

Hold Notify

**Sorry No
Image at this
Time :(**

MICROCHIP: 982126054141

Location Picked Up/Found:

NEAR RITE AID -MAGALIA

Animal Notes & Behavior History

Note: WAS RETURNED TO OWNER 12/29/18

Intake By: SK

Printed 03/18/19 12:04 PM by SKAMM

Town of Paradise Animal Control

925 American Dr. Paradise, CA 95969

530-872-6275



Animal Intake Form

Disaster Shelter 530.538.7019 - NVADG Hotline 530.895.0000 - BCAC Office 530.552.3888

Date: 11.14.18		Time: 1830		# of animals by the owner at this shelter:	
Owner:					
Name:		Cell #:		DL#:	
Address: Found by CalFire Bite Aid area Magalia				Alt. Contact Name:	
				Alt. Contact #:	
Where will the owner be staying during the emergency:					
Stray animal picked up at:					
Animal Description:					
Dog	<input type="checkbox"/>	Cat	<input checked="" type="checkbox"/>	Other	
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Spayed	<input type="checkbox"/>
Neutered	<input type="checkbox"/>				
Breed:	DSH			Approx. Age:	
Color:	Tabby			Markings:	
Animal Wearing Collar?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, describe		
Animal Wearing Tags?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, describe		
Microchipped?	Yes need scan <input type="checkbox"/>	Yes (#)		No <input type="checkbox"/>	
Special Needs/Remarks					
Has the owner been notified? No <input type="checkbox"/> Phoned <input type="checkbox"/> Results: Paperwork Left <input type="checkbox"/>					

Liability Release

Due to a declared emergency, I am requesting Butte County Animal Control/NVADG to board my animal(s) (listed above) and agree to all of the following:

- 1) I understand that my animal(s) may be exposed to disease and other risks while being housed at the shelter or other facilities and therefore I will not hold Butte County/NVADG responsible for the health or death of my animal(s).
- 2) I agree to attempt to find alternate housing for my animal(s) as soon as possible.
- 3) I agree to contact the agency on a regular basis to keep Butte County/NVADG updated on my whereabouts & possible alternate housing.
- 4) I understand that this boarding agreement is temporary and I agree to make arrangements for or claim my pet(s) at the close of the shelter.
- 5) I understand that I will be subject to boarding fees after the close of the shelter.
- 6) I understand that photographs of myself and my animal(s) may be taken.

☐ I Allow or ☐ I Decline any photographs that are taken be released to the media or public view.

Owner's Signature

Date:

BC/NVADG Witness

I hereby acknowledge that I am the owner/responsible person for the above animal. I have taken custody of my animal and am now responsible for its and transportation.

Owner's Signature at Release

Date/ Time:

White - Impound Facility

Yellow - BCAC

Pink - Citizen Copy

Trans to Pet business



Kennel Record

A015456

E139A

E139A is a female, brn tabby domestic sh, 3 years

Treatment History

T19-009028 01/19/19 NORMAL

BCAC: Preventative: Advantage II

Rabies Vaccination given: 12/01/18 (Rabvac 3)

FVRCP+L: 12/01/18 FVRCP+L: 12/16/18

Burn Treatments R front, L hind

Intake Type
RETURN

Due Out Date
01/22/19

Intake Date
01/22/19

Reason

Kennel Status
UNAVAIL

Hold Notify



MICROCHIP: 98212605413

Location Picked Up/Found:

ADOPTER CHANGED MIND.

Animal Notes & Behavior History

NOTE: ADOPTED FEB. 21, 2019



Animal Intake Form

Disaster Shelter 530.538.7019 - NVADG Hotline 530.895.0000 - BCAC Office 530552.3888

Evac Event #:

Animal ID #:

Incident Name:

Received By:

Date:

Time:

of animals by the owner at this shelter:

Owner:

Name:

Cell #:

DL#:

Address:

Alt. Contact Name:

Alt. Contact #:

Where will the owner be staying during the emergency:

Stray animal picked up at:

Animal Description:

Dog ☐ Cat ☒ Other ☐

Male ☐ Female ☐ Spayed ☐ Neutered ☐

Breed: Dami.

Approx. Age:

Color: Brown Tabby

Markings:

Animal Wearing Collar? Yes ☐ No ☐

If yes, describe

Animal Wearing Tags? Yes ☐ No ☐

If yes, describe

Microchipped? Yes need scan ☐

Yes (#)

No ☐

Special Needs/Remarks

Has the owner been notified? No ☐

Phoned ☐

Results:

Paperwork Left ☐

Liability Release

Due to a declared emergency, I am requesting Butte County Animal Control/NVADG to board my animal(s) (listed above) and agree to all of the following:

- 1) I understand that my animal(s) may be exposed to disease and other risks while being housed at the shelter or other facilities and therefore I will not hold Butte County/NVADG responsible for the health or death of my animal(s).
- 2) I agree to attempt to find alternate housing for my animal(s) as soon as possible.
- 3) I agree to contact the agency on a regular basis to keep Butte County/NVADG updated on my whereabouts & possible alternate housing.
- 4) I understand that this boarding agreement is temporary and I agree to make arrangements for or claim my pet(s) at the close of the shelter.
- 5) I understand that I will be subject to boarding fees after the close of the shelter.
- 6) I understand that photographs of myself and my animal(s) may be taken.

☐ I Allow

or

☐ I Decline

any photographs that are taken be released to the media or public view.

Owner's Signature

Date:

BC/NVADG Witness

I hereby acknowledge that I am the owner/responsible person for the above animal. I have taken custody of my animal and am now responsible for its care and transportation.

Owner's Signature at Release

Date/ Time:

White - Impound Facility

Yellow - BCAC

Pink - Citizen Copy



1683 Gate In
No chd.

ANIMAL ID NUMBER E139A

(Form to remain with animal!)

(Return **Care Schedule** with clipboard to Intake when animal is released.)

Revised 5/16/2016



Kennel Record

A015577

CA221A

Treatment History

Ca221A is a neutered male, sl lynx pt and white
siamese, 5 months

Intake Type

STRAY

Due Out Date

01/18/19

Intake Date

12/20/18

Reason

Kennel Status

UNAVAIL

Hold Notify

Sorry No
Image at this
Time :(

MICROCHIP: 98212605413i

Location Picked Up/Found:

Animal Notes & Behavior History

Note: was ADOPTED 1/18/19

Intake By: JR

Printed 03/18/19 10:14 AM by jrobbins

Town of Paradise Animal Control

925 American Dr. Paradise, CA 95969

530-872-6275



NVADG Animal Care Schedule

Room 014

*IF NOT CLAIMED:
BARROLL GULLICKSON
530-828-1644

~~355-720~~
~~355-858~~
~~355-858~~

Gaylen Crooks
adopt 858-888-0045
Intake # CC221

2/3

(Form to remain with animal!)

(Return Care Schedule with clipboard to Intake when animal is released.)

OWNER Last Name: unknown First Name: unknown

Description of animal

Name	Species	Breed	Color/markings	Gender	ID (collar/tag/etc.) DESCRIBE
	Fel	DSH	white/ grey	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Spay/Neuter <input checked="" type="checkbox"/> Intact	Ned

List medical problems, necessary medications, or dietary needs? Include time & method normally administered and any other details.

n/a

List behavioral characteristics of which we should be advised.

DO NOT FEED FISH

SPECIAL INSTRUCTIONS:

Under Vet Care ☐

Picture YES ☐



RECORD (Use the current time to record Walked, Fed and Cage Cleaned)

Date	Walked	Fed	Cage Cleaned	Comments
11/15/18				Arrived
11/16				Eat,
11/16	5:00	✓	✓	eating, drinking.
11/16 1930	H2O	✓	✓	pee + poop
11/17 0630	H2O	X	X	has diarrhea, eating
11/17 1900	✓	✓	✓	has diarrhea
11/18	0600	✓	✓	Good. F.F
11/18/18	1 Dose - 0.2 ml Feline Panleukopenia Vaccine, Modified Live Virus <small>U.S. Vet License No. 213 Diamond Animal Health, Inc. Des Moines, IA 50327 USA 1-888-545-5973 010339</small>	1 Dose - 0.2 ml Feline Panleukopenia Vaccine, Modified Live Virus <small>U.S. Vet License No. 213 Diamond Animal Health, Inc. Des Moines, IA 50327 USA 1-888-545-5973 010339</small>	08 DEC 19 Ser: 6580	Int-annual Exam Vet - OK
11/18	1700	✓	✓	good appetite/diarrhea
11/19 0730		X	X	all good
11/19 0851				Veterinary exam. Adorable eating well normal exam
11/19 056 PM			X	happy normal urine
11/20 7:44		✓	✓	Happy good ap, good stool
11/20/18 10:20 PM	10:20 PM	✓	✓	used exam: mild
11/20/18 1800 PM	X	X	X	
11/21/18	H2O	X	X	Good!
11/21/18	H2O	X	X	eat, poop, pee
11/22	H2O	X	X	
11/22/18	14:00	✓	✓	Fed Dry Kitten, water, Resting

11/17 frontline applied

Animal Care Schedule

ANIMAL NUMBER CC221

(Animal Care Schedule with clipboard to intake when animal is released.)

First Name:

Breed	Color/markings	Gender	ID (collar/tag/etc.) DESCRIBE
DSH	white/ gray	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Spay/Neuter <input type="checkbox"/> Intact	nef

Is there any dietary needs? Include time & method normally administered and any other

not feed fish
no should be advised.

Under Vet Care ☐

Picture YES ☐



Cage Check		Comments
✓		good, playful, sneezing
✓	16:00	good spot cleaned
✓		good
<div> </div>		<div> </div>
✓		solid fecal, ate all dry food from pet
✓	1419	spot cleaned / good
✓		Spot clean and fed.
✓	0850	ate, pee, bm
✓		Active
✓		P+PM
✓		Charged litter fed
✓		cleaned cats both dry
✓		& Wt
✓	1015	FED DRY KITTEN FOOD
✓	1533	FED DRY KITTEN FOOD



NVADG Animal Care Schedule

2/3

Intake # CC221

RECORD (Use the current time to record Walked, Fed and Cage Cleaned)

Date	Walked $\frac{H}{M}$	Fed	Cage Cleaned	H	Comments
11/22/18					HAS FEED WATER CLEAN LITTER
11/23	1500	✓	✓		Diarrhea in box
11/23	1900				Diarrhea
11/24 0845	✓	✓	✓		Diarrhea
11/24 1524	✓	✓	✓		
11/24 1715					RA
11/24 1800	✗	✗	✗		
11/25 1130	✓	✓	✓		loved a bit
11/26 14:35	✓	✓	✓		Umo
11/26	1600	✓	✓		loose stool
11/26					11
11/27	✓	✓	✓		
11/27	1640	✓	✓		loose stool
11/28	8AM ✓	✓	✓		✓ ♡
11/28					
11/29/18		0810	0810		Poo & Pee - formed poop
11/29/18	1540				normal 2 yam except pot-bellied
11/29/18	1530		✓		good pee &
11/30/18	0845	✓	✓		good poop, pee / appetite
11/30	1800	✓	✓		good
12-1	0800	✓	✓		good poop, pee / appetite
12/1 1745	✓				
12/2 0800	✓	✓	✓		good poop, pee /
12/2	✓	✓	✓		good
12/2			✓		
12/3					Solid stool, no concern ^{BAR} Dr. Haver
12/3	914	914	914		
12/3	1221		1224		spot clean
12/4	0850	✓	✓		good
12/4	✓	✓	✓		good
12/5	0830	0830	0830		
12/6	800	✓	✓		good
12/6	1551	✓	✓		clean, new water, play/pet
12/7	0754	0754	0754		

NVADG Small Animal Care Schedule



ANIMAL ID NUMBER CC221

(Form to remain with animal!)

(Return Care Schedule with clipboard to Intake when animal is released.)

OWNER	Last Name:	First Name:				
Description of animal						
Name	Species	Breed	Color/markings	Gender	ID (collar/tag/etc.) DESCRIBE	
	Fel	DSH	white/ grey	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Spay/Neuter <input type="checkbox"/> Intact	nef	
List medical problems, necessary medications, or dietary needs? Include time & method normally administered, and any other details.						
Do not feed fish						
List behavioral characteristics of which we should be advised.						
SPECIAL INSTRUCTIONS:				Under Vet Care <input type="checkbox"/>		
				Picture Yes <input checked="" type="checkbox"/>		

RECORD (Use the current time to record Walked, Fed and Cage Cleaned)

Date	Walked	Fed	Cage Cleaned	Comments
12/8	1102	✓	✓	good, playful, sneezing
12/8	16:00	16:00	16:00	good, spot cleaned
12/9	1040	✓	✓	good
12/9	1200			
				P. 12/10/19 (1.800) revolution
12/10	0949	0949	0949	Pee, no Poop
12/11	0959	✓	✓	solid fecal, ate all dry food from 12/10
12/11			1419	spot cleaned
12/12	830am	✓	✓	cleaned / good !!
12/12				Spot clean and fed.
12/13/18		0850	0850	Ate, pee, bm
12/13/18		1500		
12/14/18	0745	✓	✓	Active
	1540		✓	P + BM
12/15/18		10:15	✓	Changed litter fed
12/15		✓		cleaned eats both dry & wet
12.16.18		✓1015	✓1015	FED DRY KITTEN FOOD
12.16.18		✓1533	✓1533	FED DRY KITTEN FOOD

NVADG Small Animal Care Schedule

ANIMAL ID NUMBER

CC221A

RECORD (Use the current time to record Walked, Fed and Cage Cleaned)

[illegible]



NVADG Animal Care Schedule

Room 210
2/3

*IF NOT CLAIMED:
BA ROLL GULLICKSON
530-828-1644

~~Adoption~~
~~858-888-8888~~
~~Adopt~~

Graylen Crooks
adopt 858-888-8888 Intake # CC221

(Form to remain with animal!)

(Return Care Schedule with clipboard to Intake when animal is released.)

OWNER	Last Name: <u>unknown</u>	First Name: <u>unknown</u>
Description of animal		
Name	Species	Breed
	Fel	DSH
Color/markings	Gender	ID (collar/tag/etc.)
white/grey	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Spay/Neuter <input checked="" type="checkbox"/> Intact	DESCRIBE <u>Neck</u>
List medical problems, necessary medications, or dietary needs? Include time & method normally administered and any other details. <u>n/a</u>		
List behavioral characteristics of which we should be advised. <u>DO NOT FEED FISH</u>		
SPECIAL INSTRUCTIONS: Under Vet Care <input type="checkbox"/> Picture YES <input type="checkbox"/>		

RECORD (Use the current time to record Walked, Fed and Cage Cleaned)

Date	Walked	Fed	Cage Cleaned	Comments
11/15/18				Arrived
11/16				Eat,
11/16	5:00	✓	✓	eating, drinking.
11/16 1930	1930		✓	poop
11/17 0630	H2O	X	X	has diarrhea, eating
11/17 1900	✓	✓	✓	has diarrhea
11/18	0600	✓	✓	Good. F.F
11/18/18	<div> <p>1 Dose - 0.2 ml Feline Panleukopenia Vaccine, Modified Live Virus</p> <p>U.S. Vet License No. 213 Diamond Animal Health, Inc. Des Moines, IA 50327 USA 1-888-545-5973 010339</p> </div> <div> <p>1 Dose - 0.2 ml Feline Panleukopenia Vaccine, Modified Live Virus</p> <p>U.S. Vet License No. 213 Diamond Animal Health, Inc. Des Moines, IA 50327 USA 1-888-545-5973 010339</p> </div>			Int-annual Exam Vet - OK
11/18	1700	✓	✓	good appetite/diarrhea
11/19 0730		X	X	all good
11/19 0851				Veterinary exam - Adorable
11/19 056pm			X	Happy, normal wine
11/20 7:44		✓	✓	Happy, good ap, good stool
11/20/18 10:20 pm	✓	✓	✓	✓
11/20/18 1800pm	X	X	X	
11/21/18	H2O	X	X	Good!
11/21/18	H2O	X	X	eat, poop, pee
11/22	H2O	X	X	
11/22/18	14:00	✓	✓	Fed dry kitten, water, resting

11/17 frontline
applies

NVADG Small Animal Care Schedule

ANIMAL ID NUMBER

CC 221A

RECORD (Use the current time to record Walked, Fed and Cage Cleaned)

[illegible]







NVADG Animal Care Schedule

2/3

Intake # 00221

RECORD (Use the current time to record Walked, Fed and Cage Cleaned)

Date	Walked	Fed	Cage Cleaned	H.	Comments
11/22/18					HAS FOOD WATER CLEAN LITTER
11/23	1500	✓	✓		Diarrhea in box
11/23	1900	✓	✓		Diarrhea
11/24 0845	✓	✓	✓		Diarrhea
11/24 1524	✓	✓	✓		
11/24 1715		✓			RA
11/24 1800	✓	✓	✓		
11/25 1130	✓	✓	✓		loved a bit
11/25 1435	✓	✓	✓		urine
11/26	1600	✓	✓		loose stool
11/26					
11/27	✓	✓	✓		11
11/27	1640	✓	✓		loose stool
11/28	8AM	✓	✓		✓
11/28					
11/29/18		0810	0810		Poo & Pee - formed poop
11/29/18					normal & vom except post-bellid
11/29/18	1530		✓		good pee & d
11/30/18	0845	✓	✓		good poop, pee / appetite
11/30	1800	✓	✓		good
12-1	0800	✓	✓		good poop, pee / appetite
12/1	1745	✓			
12/2	0800	✓	✓		good poop, pee /
12/2	✓	✓	✓		good
12/3					Solid stool, no concern ^{BK} Dr. Hower
12/3	914	914	914		
12/3	1224		1224		spot clean
12/4	0850	✓	✓		good
12/4	✓	✓	✓		good
12/5	0830	0830	0830		
12/6	✓	✓	✓		good
12/6	1551	✓	✓		clean, new water, play/pet
12/7	0754	0754	0754		

Name	Shelter ID	Microchip #	Sex
	CC221A	982-126-054-138-113	Male intact
Breed	Second Breed	Color	Second color
DSH		white	grey
Age	Special marking	Date Found	Location Found
Juvenile	All grey tail	11/15/18	
Photo	Photo	Photo	Photo
   			
Part II - Identification of Butte County Point of Contact Phone 530-552-3888 Fax 530-538-6329 Email address BCAnimalcontrol@buttecounty.net			
Part III - Health Examination			
Vaccination	Date of administration	Preventative	Date of Administration
Rabies (required)	12/9/18 (rabvac3)	Frontline	11/17/18
FVRCP	11/18/18	Pyrantel	12/9/18
FVRCP+L	12/9/18	Revolution	12/9/18

FVRCP: R = Rhinotracheitis; C = Calicivirus, P = Panleukopenia; L = Feline Leukemia



Butte County Animal Passport



Pertinent Medical History

Part IV - Agreement of sheltering group

1. The animal depicted here is a resident of Butte county and is under the full control and management by Butte county Animal Services. All decisions regarding medical care, adoption, movement and handling must be cleared by Butte County Animal Services.
2. Any medical issues with this animal must be conveyed to Butte County Animal Services via point of contact above. Animals needing advanced veterinary care can be referred to UC Davis VMTH Hospital in coordination with Butte County Animal Services.
3. The Butte County Animal Passport will be valid for a period of 4 months and subject to renewal.
4. The caretaking institution is responsible for proper husbandry and good animal welfare.

I agree to the above clauses and will uphold agreements made with Butte county.

ACTIVITY NUMBER

BUTTE COUNTY ANIMAL CONTROL

202 MIRA LOMA DRIVE
 OROVILLE, CALIFORNIA 95965
 (530) 538-7409 • (530) 891-2907
 FAX (530) 538-6329

ANIMAL ID NUMBER

Room 13/101
RoomCC 221
Impound Facility

Airport

Bite #

Received By Dusty**IMPOUND FORM**Date Impounded 11/16/18 Time 3:29 a.m. / p.m. Release Date _____ Officer _____Animal picked up at Aquatic Park, Paradise
address (include closest cross street)Reason for Impound Found in evacuation areaDog _____ Cat X Other _____ M X F _____ S _____ N _____Breed DSH Approx. Age intact kittenColor white, Grey Markings _____Animal wearing collar? Yes _____ No X If yes, describe _____Animal wearing tags? Yes _____ No X If yes, describe _____Microchipped? unknown Yes (#) _____ No _____Condition of Animal well Remarks _____Owner of Animal unknown

Telephone _____

Address _____

City _____

Zip _____

☐ Phoned _____☐ Impound Copy: Date Left _____Has owner been notified? _____ ☐ Letter: Date Sent _____**SURRENDER STATEMENT**

I, the undersigned, owner or having control of the above described animal, release all claims to it to the Butte County Animal Control. I agree to hold the Butte County Animal Control, and its employees, free of all liability resulting from such transfer.

I also certify that to the best of my knowledge the said animal has / has not bitten any person within the past 14 days.
 (circle one)

I have read the above and understand the conditions.

DATE _____

PRINTED NAME _____ SIGNATURE _____

ADDRESS _____

CITY _____ ZIP _____ TELEPHONE NO. _____



Kennel Record

A015578

CC231

Treatment History

CC231 is a male, gray and white domestic sh, 3 years

Intake Type
STRAY

Due Out Date
01/18/19

Intake Date
12/20/18

Reason

Kennel Status

UNAVAIL

Hold Notify

Sorry No
Image at this
Time :(

Location Picked Up/Found:

6835 PENTZ ROAD

Animal Notes & Behavior History

NOTE: RTO 12/29/18

Intake By: JR

Printed 03/18/19 10:19 AM by jrobins

Town of Paradise Animal Control

925 American Dr. Paradise, CA 95969

530-872-6275

ACTIVITY NUMBER

BUTTE COUNTY ANIMAL CONTROL

202 MIRA LOMA DRIVE
 OROVILLE, CALIFORNIA 95965
 (530) 538-7409 • (530) 891-2907
 FAX (530) 538-6329

ANIMAL ID NUMBER

13/65
CC231

Impound Facility

Bite #

Received By Jennifer Reeves**IMPOUND FORM**Date Impounded 11/16/18 Time 1930 a.m. / p.m. Release Date _____ Officer _____Animal picked up at Near 6835 Peniz Rd. (found by PG+E worker
address (include closest cross street) Eric Rogers)Reason for Impound fileDog _____ Cat ☒ Other _____ M _____ F _____ S _____ N _____Breed DSH Approx. Age _____Color gray / white Markings white chest, mostly black nose
tipped earAnimal wearing collar? Yes _____ No ☒ If yes, describe _____Animal wearing tags? Yes _____ No ☒ If yes, describe _____

Microchipped? Yes (#) _____ No _____

Condition of Animal good Remarks _____

Owner of Animal _____

Telephone _____

Address _____

City _____

Zip _____

☐ Phoned _____☐ Impound Copy: Date Left _____Has owner been notified? _____ ☐ Letter: Date Sent _____**SURRENDER STATEMENT**

I, the undersigned, owner or having control of the above described animal, release all claims to it to the Butte County Animal Control. I agree to hold the Butte County Animal Control, and it employees, free of all liability resulting from such transfer.

I also certify that to the best of my knowledge the said animal has / has not bitten any person within the past 14 days.
(circle one)

I have read the above and understand the conditions.

DATE _____

PRINTED NAME _____ SIGNATURE _____

ADDRESS _____

CITY _____ ZIP _____ TELEPHONE NO. _____



Kennel Record

A015453

CA127B

Ca127B is a female, brn tabby and org tabby
domestic sh, 3 years

Treatment History

T19-009025 01/19/19

NORMAL

BCAC: Preventative: Fipronil (Frontline) given 11/17/18

FVRCP: 11/18/18 FVRCP+L 12/09/18

Rabies Vaccine (Rabvac 3) given: 12/01/18

Intake Type

STRAY

Due Out Date

01/19/19

Intake Date

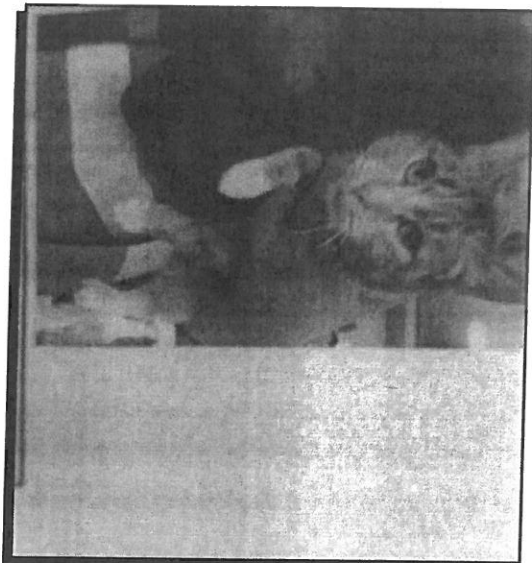
11/14/18

Reason

Kennel Status

UNAVAIL

Hold Notify



MICROCHIP: 98212605413i

Location Picked Up/Found:

MICROCHIP# 982126054138395

Animal Notes & Behavior History

NOTE: TRANSFERRED FROM DEL ORO BUTTE COUNTY
ON December 20th, 2018
TRANSFERRED TO PLACER COUNTY Animal Services
1/29/2019



Animal Intake Form

Disaster Shelter 530.538.7019 - NVADG Hotline 530.895.0000 - BCAC Office 530.552.3888

Evac Event #:	Animal ID #: 216 453 CA1276
Incident Name:	Received By:

Date: 11.14.18	Time:	# of animals by the owner at this shelter:
Owner:		
Name:	Cell #:	DL#:
Address: 5322	Alt. Contact Name:	
	Alt. Contact #:	
Where will the owner be staying during the emergency:		
Stray animal picked up at: 5322 EDGEWOOD LANE PARADISE SR. HOME PARK		
Animal Description:		
Dog <input type="checkbox"/>	Cat <input checked="" type="checkbox"/>	Other 1 of 6
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Spayed <input type="checkbox"/>
Neutered <input type="checkbox"/>	Approx. Age:	
Breed: BROWN TABBY	Color:	
Markings:		
Animal Wearing Collar?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, describe		
Animal Wearing Tags?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, describe		
Microchipped?	Yes need scan <input type="checkbox"/>	Yes (#)
No <input type="checkbox"/>		
Special Needs/Remarks		
Has the owner been notified?		
No <input checked="" type="checkbox"/>	Phoned <input type="checkbox"/>	Results:
Paperwork Left <input type="checkbox"/>		

Liability Release

Due to a declared emergency, I am requesting Butte County Animal Control/NVADG to board my animal(s) (listed above) and agree to all of the following:

- I understand that my animal(s) may be exposed to disease and other risks while being housed at the shelter or other facilities and therefore I will not hold Butte County/NVADG responsible for the health or death of my animal(s).
- I agree to attempt to find alternate housing for my animal(s) as soon as possible.
- I agree to contact the agency on a regular basis to keep Butte County/NVADG updated on my whereabouts & possible alternate housing.
- I understand that this boarding agreement is temporary and I agree to make arrangements for or claim my pet(s) at the close of the shelter.
- I understand that I will be subject to boarding fees after the close of the shelter.
- I understand that photographs of myself and my animal(s) may be taken.

☐ I Allow or ☐ I Decline any photographs that are taken be released to the media or public view.

Owner's Signature

Date:

BC/NVADG Witness

I hereby acknowledge that I am the owner/responsible person for the above animal. I have taken custody of my animal and am now responsible for its and transportation.

Owner's Signature at Release

Date/ Time:

White - Impound Facility

Yellow - BCAC

Pink - Citizen Copy



Kennel Record

A015524

E196A

Treatment History

E196A is a female, brn tabby and black domestic
mh, no age

Intake Type
STRAY

Due Out Date
12/19/18

Intake Date
11/19/18

Reason

Kennel Status
UNAVAIL

Hold Notify

**Sorry No
Image at this
Time :(**

MICROCHIP: 982126054141

Location Picked Up/Found:

ACE HARDWARE/CLARK

Animal Notes & Behavior History

Note: Returned to owner 12/29/18



Animal Intake Form

Disaster Shelter 530.538.7019 - NVADG Hotline 530.895.0000 - BCAC Office 530552.3888

Evac Event #:

Animal ID #:

Incident Name:

Received By:

Date:

Time:

of animals by the owner at this shelter:

Owner:

Name:

Cell #:

DL#:

Address:

Alt. Contact Name:

Alt. Contact #:

Where will the owner be staying during the emergency:

Stray animal picked up at:

Animal Description:

Dog ☐ Cat ☒ Other

Male ☐ Female ☐ Spayed ☐ Neutered ☐

Breed: Long Hair

Approx. Age:

Color: Tabby

Markings:

Animal Wearing Collar? Yes ☐ No ☐

If yes, describe

Animal Wearing Tags? Yes ☐ No ☐

If yes, describe

Microchipped? Yes need scan ☐

Yes (#)

No ☐

Special Needs/Remarks

Has the owner been notified? No ☐

Phoned ☐

Results:

Paperwork Left ☐

Liability Release

Due to a declared emergency, I am requesting Butte County Animal Control/NVADG to board my animal(s) (listed above) and agree to all of the following:

- 1) I understand that my animal(s) may be exposed to disease and other risks while being housed at the shelter or other facilities and therefore I will not hold Butte County/NVADG responsible for the health or death of my animal(s).
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- 5) I understand that I will be subject to boarding fees after the close of the shelter.
- 6) I understand that photographs of myself and my animal(s) may be taken.

☐ I Allow

or

☐ I Decline

any photographs that are taken be released to the media or public view.

Owner's Signature

Date:

BC/NVADG Witness

I hereby acknowledge that I am the owner/responsible person for the above animal. I have taken custody of my animal and am now responsible for its care and transportation.

Owner's Signature at Release

Date/ Time:

White - Impound Facility

Yellow - BCAC

Pink - Citizen Copy